de Schweinitz (G.E.)

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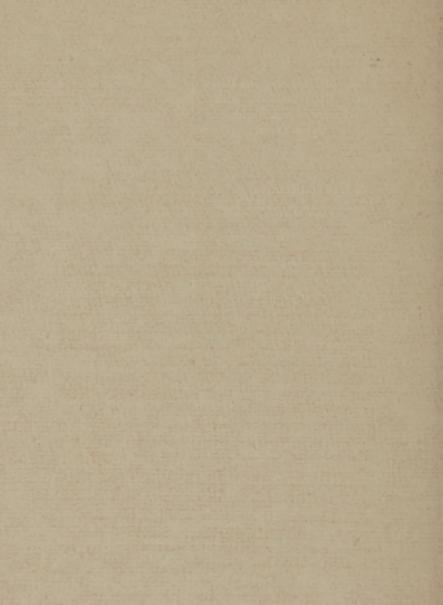
BY

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REPRINTED FROM

The New York Medical Journal for May 2, 1891.





A CASE OF

HOMONYMOUS HEMIOPIC HALLUCINATIONS,

WITH LESION OF THE RIGHT OPTIC TRACT.

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Dr. Frederick Peterson (New York Medical Journal, January 31, 1891) contributes a most interesting and instructive article describing, in addition to his previous work on visual hallucinations in chronic delusional insanity, a case in which the phenomenon of hallucinations occurred in the dark fields of hemianopsia. This account recalls a somewhat analogous case which I have seen and in part described. In the Journal of Nervous and Mental Diseases for May, 1887, there is reported a series of cases illustrating various forms of hemianopsia and other irregularities in the field of vision. Case V of this list was that of a patient aged twenty-nine, in good health until his twenty-first year, when he began to have asthma. Some months before his admission to the University Hospital there was morbid sleep, and a month later a convulsion, general in character, followed by a number of similar attacks, until he became irrational and violent, remaining so for twenty-four hours. The examination of the eyes demonstrated slight optic neuritis

and left lateral hemianopsia, the dividing line passing in advance of the fixing point. The preserved fields were much contracted. The patient had repeated seizures of the character previously described, during the intervals exhibiting delirium of grandeur, and finally became so violent that it was necessary to send him to an asylum.

At the time the case was reported I was not aware of what I subsequently ascertained in another examination—namely, that preceding the hemianopsia this patient had seen visions of chairs, tables, and other articles of furniture, not really present, in the fields which afterward were obliterated. The hemianopsia was then complete, and although he told me of these hallucinations, for he was then quite rational, he was not able to state positively whether they disappeared immediately after the hemianopsia set in, or whether they remained for some time in the dark half-fields. I have referred to the hallucinations in this case in an article on Headache Associated with Unusual Visual Phenomena (University Medical Magazine, vol. i, p. 456).

After the man passed from my observation he was confined in an insane asylum and died. At the post-mortem, made by Dr. Dercum, there was found gummatous infiltration at the base of the brain pressing upon the right optic tract, in association with more or less ædema of the pia mater, and meningitis. I am not aware that any lesion of the occipital lobe was present; in fact, from the symptoms it was not probable that one would be found, and the clinical diagnosis of syphilitic meningitis with pressure upon the right optic tract had been made.

Dr. Peterson, commenting upon the various types of hemiopic hallucination which have been seen in chronic brain disease, divides them into simple transitory hallucinations, announcing the onset of an organic lesion which rapidly produces complete blindness on one side, as in Dr. Seguin's original case, and those which are projected into the dark fields and last from a few days to a few months. The case to which I have referred belongs to the first class, the hallucinations being transitory and preceding the advent of the hemianopsia. Whether or not they continued for a time in the dark fields after the full development of the hemianopsia was not certainly ascertained.

In the examples of headache with unusual visual phenomena which I have described (loc. cit.), it may be interesting to note that the hallucination in one case, which appeared as the very constant prodrome of an attack of migraine, consisted of the form of a member of the patient's household, and always manifested itself on the left side. In another case in which the visions were either mice or dogs, the apparent objects were stated to be seen only upon the right side, or, as the patient said, only with the right eye. In none of these cases, however, was there hemianopsia.





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The New York Medical Journal,

EDITED BY FRANK P. FOSTER, M. D.,

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